



## KDADS ADCSP PUBLIC COMMENT MATRIX (V2.0) 8/30/2021

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| Date: 11/23/2021  | Program (if Applicable): Autism Waiver Renewal |
| <b>BRIEF DESCRIPTION OF DOCUMENT SUBMITTED FOR PUBLIC COMMENT</b> |  |
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Item number serialized; public comment sender added; public comment pasted in the appropriate section (lengthy comments are broken into multiple lines)



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|---|-------------------|---|---|
| 1 | Other Stakeholder | <p>CMHCs statewide do not have expertise in serving children with Autism. SED Waiver billing should be opened up so families can choose other providers who have Autism expertise can bill under the SED Waiver.</p> <p>CMHCs do not clearly communicate to families they are being served under the SED Waiver or other state plan or core funding. Families have to be notified and understand when they are served under SED Waiver.</p>   | <p>KDADS acknowledges the concerns raised. The agency has set up a task force to provide recommendations to resolve some of the concerns raised. In addition, the agency plans to provide training for families and providers to address gap in service delivery for people with the autism.</p> <p>Comment noted</p> |
| 2 | HCBS Provider     | <p>GT Independence recognizes the importance of the proposed amendments in respect to each of the two waivers and will provide specific comments to each waiver. As an organization that advocates for an individual's right to self-determination, individual empowerment, and a person-centered approach to self-direction, our intent is to present the possible impacts as best as we can to these amendments while also providing suggestions that may further enhance existing healthcare solutions for the sole benefit to all Kansans who choose to self-direct their personal healthcare services through the state's HCBS program Medicaid waivers.</p> | <p>Thank you for your comment.</p>  |
| 3 | HCBS Provider     | <p>Self-direction empowers individuals to have the choice to manage and control their services, choosing where, when, and how these services are delivered. Applied Self-Direction, a national leader in self-direction, states "Self-direction is built on the belief that the individuals receiving the services and supports know their needs best and are in the best</p>   | <p>Thank you for your comment.</p>  |

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|   |                 | position to plan and manage their own services.” Not only do individuals deserve the right to manage and control their own services, but we have also come to the stark reality that self-direction is a far safer choice in these times of uncertainty related to the COVID-19 pandemic. As of January 13, 2021, Kansas has had 590 total outbreaks at long-term care facilities, accounting for 12,561 cases, 1,010 hospitalizations and 1,408 deaths. As dismal as this data is, it does not even include congregate residential settings of less than 10 individuals. Research published by Fairhealth in November 2020 found that individuals with developmental disabilities are three times more likely to die from COVID when compared to individuals without these disabilities. This creates such urgency for the safety and wellbeing of our Kansas citizens whom we are charged to serve and protect.  |                             |
| 4 | HCBS Provider   | <p>The Centers for Medicaid and Medicare Services (CMS) has encouraged states to not only continue with their current programs for self-direction but also consider expanding the number of individuals served as well as the types of programs that allow for self-direction. States have the opportunity to add this to their array of services within the Appendix K waivers in addition to the more traditional waiver and state plan amendments which not only allows for an efficient way to quickly implement essential service components but also the long-term path to sustain these services post-pandemic.</p> <p>GT Independence is pleased to see that KDADS proposes changes to the respite services offering a self-direction option for the Autism Waiver. GT Independence believes strongly that each participant/member be provided the opportunity to live a life of their choosing. At GT Independence, we believe people should live their</p> | Thank you for your comment. |

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|   |                 | lives, according to their own vision. Self-Determination is one of our core values; we believe that everyone should have the freedom to choose how they live their lives and who provides their needed supports.  |                             |
| 5 | HCBS Provider   | <p>GT Independence would request that Kansas consider making self-direction an option for all seven Kansas Medicaid 1915(c) Waivers. GT Independence has the mission of serving individuals by allowing them the choice to manage their own program through self-direction and support of fiscal intermediary services. Individuals with disabilities and long-term care needs face many challenges every day including how they will obtain and keep the assistance they need. There are many different long-term care options available to most individuals but only a limited few which truly provide the freedom and ability for individuals to be in charge of how they live their life. Self-direction offers individuals the ability to have better caregivers, of their choosing, and continued decision authority over their care delivery. This can bring successful programming to many individuals which enables them to remain in their own homes and supplements the care they received from family members and loved ones.</p> <p>GT Independence would love the opportunity to discuss making self-direction an option for all Kansas Medicaid 1915(c) Waivers. We believe that making self-direction a reality, will provide Kansans the freedom to live in their home and community, and decide who delivers their care.</p> <p>In closing, GT Independence is grateful for the opportunity to provide public comments regarding Kansas Department for Aging and Disability Services proposed waiver amendments for two of Kansas Medicaid 1915(c) Waivers.</p> | Thank you for your comment. |

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| 6  | Other Stakeholder | The state of Kansas Autism waiver should be terminated. This waiver is of low value and takes up more money in administrative fees than what is actually used by the measly 65 members it is able to serve on an annual basis. Participants of this waiver openly admit they have received no value from being on this waiver and only have chosen this waiver so they can immediately be placed on the IDD waiver services and skip the waiting list line. The cost/benefit analysis of this waiver is horrid and this money could be better spent to help families who have members/children with autism. | Thank you for your comment   |
| 7  | Other Stakeholder | I'm looking for clarification on the part about seclusion and restraint. Are you removing that or adding it? Is it being replaced?  | We are proposing to remove seclusion and restraint from the waiver. Seclusion and restraint are not being replaced, but there will be increased hours for family adjustment counseling.  |
| 8  | Other Stakeholder | I would like to see more training for care attendants working with children.  | We hope to see more too  |
| 9  | Other Stakeholder | Once children are eligible for the waiver does this open access to the medical card and access to other services as well? Children do get a medical card when they are approved for the waiver if they don't have one already.<br><br>There are kids falling into the cracks. Some parents have private insurance, but services still cost more than they can afford. There are kids who are not on Medicaid who would benefit from having access to services   | Children do get a medical card when they are approved for the waiver if they don't have one already<br><br>Kansas has not elected to expand Medicaid, which could increase access for those kids. So far we are one of a very few states that have not done that yet. We will continue looking at opportunities to increase the number of people on the waiver. KDADS is not able to change the financial eligibility piece. |
| 10 | Other Stakeholder | Can we change the number of children that are eligible and open the waiver to more than 65 children?  | We can certainly look if there is any opportunity to expand beyond 65 children   |
| 11 | Other Stakeholder | Will there be any expansion for the number of children who can be served on the Autism Waiver?  | We will note that as a question. We don't know that we have had any more appropriations for the Autism waiver at this time but will note that as something folks are requesting. Unless we get appropriations for it, we probably won't be able to do that.  |

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| 12 | Other Stakeholder | Referring to changing the time on the waiver from three years to four years. Or no longer qualifying for the Autism waiver. I know a lot of members I worked with requested the fourth year because they were told they couldn't go on to the IDD waiver yet. They didn't really want to be on the Autism waiver, but they did not have a choice. The condition of "or" no longer applies to the Autism waiver. Can you speak more to that?  | The way it reads currently is three years on the Autism waiver with an option for a fourth year. Every year every person on the Autism waiver is reassessed by KBC to see if they still qualify for the waiver or if they should move on to a different waiver or be removed. After the 3rd year the issue was that they still qualify for the Autism waiver, so even though they may be accepted into the IDD waiver, they still qualify for the Autism waiver, so they can't go to the IDD waiver. We decided that after the 4th year they qualify to move on from the Autism waiver to another waiver if that is part of their plan and they qualify. |
| 13 | Other Stakeholder | We work with kids on the SED waiver and provide ABA services through Medicaid. We do not provide Autism waiver services. We are encountering some kids that qualify for multiple waivers, but there are certain waivers that are more appropriate for them so they go on those waivers. However there is a lack of service providers for their waiver. We are seeing gaps in kids with multiple diagnoses who qualify for the Autism waiver and SED waiver and I am trying to figure out as a provider how to provide the most appropriate services. The only suggestion I can think of for this would be to raise the age limit for the Autism waiver and the number of kids who can be on it so that kids who need these services can still be on that waiver and receive them. But from a provider perspective rates on the SED waiver are better than the Autism waiver. | Thank you for your comment. We appreciate the concerns you raised  |
| 14 | Other Stakeholder | I really like the proposed change of making respite self-directed. That will help families access at least one waiver service, because it has been a barrier to find an agency that provides that service. I also wanted to point out that several of the families I work with are starting the waiver but are not interested in ABA. That becomes a barrier of finding an agency who will provide the services but without ABA. Some families are stuck between not wanting to use the only type of therapy available or losing the waiver services.  | Thank you for that comment. We have heard from families that they want to train their own respite worker because they know their child best. It would be more accessible for them too if they can hire and train people. We're excited about that change.  |
| 15 | Other Stakeholder | The feedback I have gotten from families is that they have read up on ABA and they do not believe it is ethical or appropriate. They are   | Thank you, that feedback is helpful.   |

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|    |                   | looking for respite, parent support and training, counseling and other services excluding ABA.  |  |
| 16 | Other Stakeholder | Some families have already completed ABA through private insurance before coming onto the waiver so they have moved past that part of the work and need services like respite.  | Thank you, we appreciate that feedback   |
| 17 | Other Stakeholder | What is the income limit? Is it still based on the child's income?  | Eligibility will still be based on the child's income.   |
| 18 | Other Stakeholder | The limit of 65 children on the waiver statewide makes it difficult for provider agencies to justify bringing in new providers and training and hiring people to provide services to maybe like 10 children or something. That is not a large enough pool for providers to try and create a whole new service area. | Thank you. That's a very good point. There does need to be an adequate pool for providers to justify paying to get the service together. We will take that comment back. Thank you   |
| 19 | Other Stakeholder | Has anyone looked into other options about adding different services to the waiver besides ABA? ABA is an intense process and may be more than some families can do with their child. What other services could be under the waiver?  | The ABA therapy services are not on the waiver anymore, they were removed in 2017 and are part of the State plan. If you have ideas for these services we would be interested to hear about those. We have a task force around this item we are looking to see if there are any services that would be helpful |
| 20 | Other Stakeholder | Who will be managing the Autism waiver?   | We just shifted some things in our structure. Matthew Beery will be in charge of the Autism waiver and that announcement will be out soon  |
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